

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 1:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020954

Name and Mailing Address

0013824 01 AT 0.292 \*\*AUTO HO 2 0615 34697-161616



NORTON FAMILY, L.L.C.  
PO BOX 1616  
DUNEDIN FL 34697-1616



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2001	
Principal Place of Business 1662 SANTA BARBARA DRIVE DUNEDIN FL 34698	3. New Principal Place of Business Address	6. FEI Number NOT APPLICABLE	Applied For
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Not Applicable
		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NORTON, JOHN M 1662 SANTA BARBARA DRIVE DUNEDIN FL 34698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

CR2E034 (7/03)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

John M. Norton

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12/31/03

11. Names and Street Addresses of Each Managing Member/Manager

[illegible]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manage

**SIGNATURE REQUIRED**

Date 12/31/03

Daytime Phone # 727-736-2894

Typed or printed name of signing Managing Member/Manager

JOHN M. NORTON